

Example 1: Participant has individual coverage and prescription drug expenses only

Chris takes a preferred brand drug for high blood pressure each month and the total allowable charge is approximately \$125 per 30-day supply. In this example, Chris has no medical claims and the high blood pressure drug purchases are his only prescription claims for the year. Under Select Coverage, Chris would have to pay \$120 for his 1st prescription (his individual prescription drug deductible of \$75 plus her \$45 co-payment), after which he would only have to pay his \$45 co-payment each time he has his prescription refilled. Under Select Coverage, Chris' total cost for the year would be \$615. Under Base Coverage, he would have to pay the total cost of the drug (\$125) each time he has his prescription filled, for a total yearly cost of \$1,500.

Example 2: Participant has individual coverage and first claim of the year is for surgery in participating provider's office

Cheryl is having surgery in her participating provider's office. This is her first claim of the year and the allowable charge for the surgery is \$2,000. If Cheryl has Base Coverage, her cost for this claim would be \$1,840 (\$1,800 deductible plus \$40 coinsurance which is 20% of the remaining \$200 balance). If Cheryl has Select Coverage, her cost for this claim would be \$1,200 (\$1,000 deductible and \$200 coinsurance which is 20% of the remaining \$1,000 balance).

Example 3: Participant has family coverage and is only person in family with claims

Jim has family coverage and is the only one in his family that ever has a claim. He has both office visits and monthly prescription drugs. If Jim chooses Base Coverage, he would have to meet the \$3,000 family deductible in medical **and** prescription drug costs before the Plan would pay. If he chooses Select Coverage, he would have to meet the \$1,000 individual deductible in medical expenses before the Plan would pay benefits on his office visits, and he would have to meet the \$75 prescription drug deductible before he would only be charged the prescription drug co-payment.

Example 4: Participant has individual coverage and inpatient hospital stay

Jane has an inpatient hospital stay and the total allowable charges for the hospital and the doctor are \$25,000. Under Base Coverage, Jane will have to pay \$4,300 (her \$1,800 deductible and her \$2,500 coinsurance/co-payment maximum), and the Plan will pay the remaining \$20,700. All medical and prescription drug charges for the remainder of the year will pay at 100% of the allowable charge. Under Select Coverage, Jane will have to pay \$3,500 (her \$1,000 deductible and her \$2,500 coinsurance maximum) and the Plan will pay the remaining \$21,500. After she has paid \$3,500, all medical charges for the remainder of the year will pay at 100% of the allowable charge. Jane will continue to pay prescription drug co-payments for the remainder of the year or until she meets her individual out-of-pocket limit of \$6,350.00